7
2
H
FE
I S
<b>T</b>
סבים
-

·									pplication or Docket Number				
											1029 US		
Effective October 1, 2000										81	41.12	96	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							-	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		19					RATE	FEE		RATE	FEE	
FC	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
70	TAL CHARGEA	BLE CLAIMS	19 minus 20=		. 8			X\$ 9=		OR	X\$18=		
	EPENDENT CL		6 minus 3 =		3			X40=		OR	. X80=	24 <sub>0.00</sub>	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	10.00	
the difference in extreme the long than your enter the in column 2											950.00		
CLAIMS AS AMENDED - PART II / 2/ 7//5 C/ OTHER THAN											THAN		
_		(Column 1)		(Colui		(Column 3)		SMALL		OR	SMALL		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVK PÅID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 24	Minus	•	20	= . [-]		X\$ 9=		OR	X\$18=	72	
ME	Independent		Minus :	*** (	0	- '		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•	+135=		OR	+270=		
								TOTAL	· · · · · · · · · · · · · · · · · · ·	OR	TOYAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	•	Minus	· <b>••</b>	-	=		X\$ 9≐		OR	X\$18=		
	Independent	•	Minus	•••		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	+135=	,	OR	+270=	·	
							4	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N N	Total	٥	Minus	**		=	] [	X\$ 9=		OR	X\$18=	ï	
NA NA	Independent		Minus	•••				X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									+270=			
If the entry in column 1 is less than the ntry in column 2, writ "0" in column 3.										OR	TOTAL		
	'If the "Highest Nu	mber Previously Pa Imber Previously Pa	aid For IN THI	S SPACE	is less tha	n 3, enter "3."		DDIT. FEE			ADDIT. FEE	Ц	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  Th: "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													